

Dear Parent or Guardian:

Your child is enrolled in a day care home in which the provider participates in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP). Participating in CACFP allows your provider to receive reimbursement for nutritious meals and snacks served to your child.

There are two levels of reimbursement (called Tier 1 and Tier 2) for meals served to children while in the care of a day care home provider. Your provider will be reimbursed at a lower rate (Tier 2) for your child, unless you complete the attached Income Eligibility Application and it shows that your household income qualifies for the higher (Tier 1) reimbursement rate. An Income Eligibility Application is attached.

The information requested on the application determines how much reimbursement your provider will receive from CACFP for meals served to your child. If you believe your household qualifies for Tier 1 rates (see the chart on the back of this letter), we urge you to complete the application so your provider may receive the higher reimbursement rates for meals served.

If you choose to complete the application, please return it to our organization in the envelope provided. Please do not return the form to your provider. All information on the application will be kept confidential and will not be shared with your provider. It will be used only for the purpose of determining the reimbursement rate your provider will receive for the meals served to your child.

The definition of household is as follows: *family* or *household* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit. Family members who become unemployed may be eligible for Tier 1 reimbursement rates during the period of unemployment provided the loss of income causes the family income during the period of unemployment to be within the eligibility standards.

CACFP also provides automatic Tier 1 reimbursement eligibility and simplified verification procedures for households receiving Food Stamps, WIC Program benefits, or from *assistance units* receiving Temporary Assistance to Needy Families (TANF) benefits if the appropriate identification or case number is provided. If your household no longer participates in the Food Stamp or TANF Programs, you must notify the Sponsor Representative immediately. Please see the attached list of other programs which make your child eligible for Tier 1 rates.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of color, race, sex, age, disability or national origin. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

If you have any questions, please contact _____ at _____
Thank you for your cooperation.

Sincerely,

CACFP Representative

**INCOME ELIGIBILITY GUIDELINES FOR TIER 1
(EFFECTIVE FROM July 1, 2006 TO June 30, 2007)**

Household Size	Household Income (All Sources)		
	Yearly	Monthly	Weekly
1	18,130	1,511	349
2	24,420	2,035	470
3	30,710	2,560	591
4	37,000	3,084	712
5	43,290	3,608	833
6	49,580	4,132	954
7	55,870	4,656	1,075
8	62,160	5,180	1,196
For each additional family member	+6,290	+525	+121

SOURCES OF INCOME

Earnings from Work

Wages, Salaries, Tips
Strike Benefits
Unemployment Compensation
Workers Compensation
Net Income from Self-Owned Business or Farm

Pensions/Retirement/Social Security

Pensions (government or private)
Supplemental Security Income
Retirement Income
Veterans Payments
Social Security

Other Income

Disability Benefits
Cash Withdrawn from Savings, Interest or Dividends
Income from Estates, Trusts, Investments
Regular Contributions from persons not living in the household
Net Royalties, Annuities
Net Rental Income
Any Other Income

Welfare/Child Support/Alimony

Public Assistance Payments
Welfare Payments
Alimony, Child Support Payments

LIST OF CATEGORICALLY ELIGIBLE PROGRAMS¹

Federal Assistance Programs

Food Stamp Program
WIC Supplemental Food Program
Temporary Assistance to Needy Families (TANF)
Head Start (Federally funded slots only)
National School Lunch – Free/Reduced Meals
Commodity Supplemental Food Program (CSFP)
Food Distribution Program on Indian Reservations (FDPIR)
Medicaid

State Assistance Programs

Child Assistance Program
Prenatal Care Assistance Program
NYS Child Care Block Grant
Begin (NYC only)
Social Services Block Grant

¹ This list applies to households of children participating in a Tier 2 day care home only. The list of State Assistance Programs will be updated as needed.

Return to:

The information requested on this form is required by the Child and Adult Care Food Program. It is not related to any fees you may be charged by the sponsor, provider or institution. Financial information is for the exclusive use of the Child and Adult Care Food Program and is considered confidential.

PART A

Name of Day Care Home Provider _____

Name of Child in Care _____

Name of Parent/Guardian _____

Phone # _____ 2nd Phone # _____

Street Address _____ Apt. # _____

Mailing Address (if different) _____ Apt. # _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Is this child a foster child? If yes, indicate the child's income here _____, then go to Part C.

List ALL the members of your household beginning with yourself

Household: a group of individuals who live together and share income and expenses.

NAME	DATE OF BIRTH	RELATIONSHIP TO YOU
1) _____		SELF
2) _____		
3) _____		
4) _____		
5) _____		
6) _____		
7) _____		

Does anyone in your household participate in

- ☐ Food Stamps ID # _____
- ☐ Medicaid ID # _____
- ☐ Public Assistance/TANF ID # _____
- ☐ Free/Reduced Price School Lunch
- ☐ Head Start (income eligible only)

Participation in one of these programs may satisfy CACFP requirements. If you participate in one of these programs, please check the appropriate box, provide your identification number and sign on the back.

If no one in your household participates in any of these programs, continue onto PART B on the back page.

PART B – Household Income – Include all members of your household and their income.

☐ **Wages/Salary (Gross)** – List Below

	Household Member Name	Gross Salary (Monthly)
1)	_____	_____
2)	_____	_____
3)	_____	_____

☐ **Unemployment/Disability**

☐ **Self-Employed (Report Net Income)**

☐ **Other – Specify** _____

Other includes pensions, retirement, Social Security, welfare payments, child support and any other sources of income

SPONSOR USE ONLY

Sponsor Agreement # _____

Total Household Members _____

Total Household Income _____

Number of Eligible Children _____

Tier 1 _____ Tier 2 _____

Verification or
Reason _____

Signature of Sponsor's
Determining Official _____

Date Determined ____ / ____ / ____

PART C – Parent/Guardian Certification

After reading the following statements, sign below

I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of federal funds, that officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Section 9 of the National School Lunch Act requires that, unless your children's Food Stamp, FDPRI, or TANF case number is provided, or unless a Head Start statement of income eligibility or income eligibility verification is provided for your child, you must include a Social Security number on the statement. This may be either the Social Security number of the parent or guardian who is the primary wage earner or the Social Security number of the adult household member signing the statement, or an indication that neither household member possesses a Social Security number. The statement cannot be approved without a Social Security number or indication that neither the primary wage earner nor the adult household member signing the statement has one. This notice must be brought to the attention of the household member whose Social Security number is disclosed. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, investigations and may include contacting employers to determine income, contacting a Food Stamp or Welfare office to determine current certification for receipt of Food Stamps or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claim, or legal actions if incorrect information is reported.

Printed Name of Adult _____

Social Security Number
of Primary Wage Earner

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Signature of Adult _____

Date Signed
By Parent _____